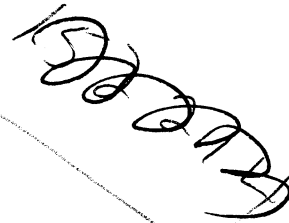


EXHIBIT A

A. Vanderlaan
Newman
3163-0001

A handwritten signature, possibly reading "D. D. D.", is written above a diagonal line.

Michelle Murray, M.D.

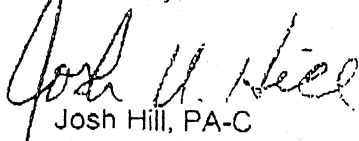
RE: Rick Newman

June 16, 2003

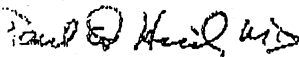
Page 2

We are quite pleased with his level of control of the paroxysmal atrial fibrillation on Toprol and Lanoxin as is the patient. Therefore, we will continue with the current medical therapy. We have drawn lab work today to including lipids, SGOT, CPK, CRP and a digoxin level. We will consider an echocardiogram within the next year.

Sincerely,

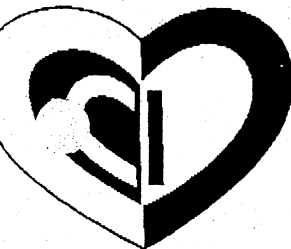


Josh Hill, PA-C



Paul D. Hirsh, M.D.

JH:pas



Comprehensive Cardiology Consultants, Inc.

December 2, 2002

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Michelle Murray, M.D.
7477 Alexandria Pike - B
Alexandria, KY 41001

RE: Rick Newman
DOB: 9/26/62

Dear Mickey:

Mr. Rick Newman was seen back in the office on December 2, 2002. Over the past ten days, he has had three episodes of irregular heart activity. The first two episodes lasted about five minutes. The episode two days ago was more prolonged and lasted about 10 to 15 minutes and was associated with diaphoresis and symptoms similar to the original atrial fibrillation.

PHYSICAL EXAMINATION: Weight 173 pounds. Blood pressure 124/88 mmHg. Pulse 50 and regular. Chest: Clear. Heart: No change. Extremities: No edema.

COMMENT:

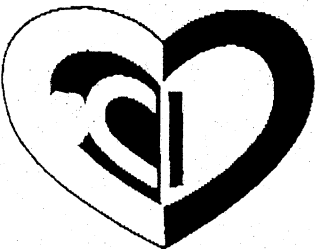
Mr. Newman will continue on Lanoxin 0.25 mg daily and Toprol XL 100 mg daily. We will recheck the lipid profile today. If he has significant hyperlipidemia requiring treatment, we will consider something other than Zocor in light of his previous intolerance to Zocor. We will arrange for a King of Hearts event monitor to try to capture some of these episodes on telemetry. If he is having paroxysmal atrial fibrillation, we will consider at least beginning chronic Coumadin therapy if not hospitalization for antiarrhythmic therapy. We will see him back in the office routinely in six months. However, I have asked him to call back one week after completing the King of Hearts event monitor to review the results and to return to see us if these episodes continue with the current frequency.

Thank you.

Sincerely,

Paul D. Hirsh, M.D.

PDH:pas



Comprehensive Cardiology Consultants, Inc.

June 10, 2002

PHYSICIANS

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Michelle Murray, M.D.

7577 Alexandria Pike

Alexandria, KY 41001

RE: Rick Newman

DOB: 9/26/62

Dear Dr. Murray:

Mr. Rick Newman was seen in the office on June 10, 2002. The patient had been doing well until this past weekend. On Saturday, he noted three separate episodes of fast heart rate with associated fatigue. He was unable to count his heart rate due to a faint pulse. The symptoms only lasted about 6 or 7 minutes each time. He did fine on Sunday but on this a.m., upon getting ready for work, he had a recurrent episode lasting about 6 or 7 minutes. He denies any chest pain with this. He denies any aggravating symptoms such as increased caffeine intake, over-the-counter stimulants or drug use.

EKG today reveals sinus rhythm at about 64 beats per minute.

Medications include Lanoxin 0.25 mg daily and Toprol XL 100 mg daily.

PHYSICAL EXAMINATION: Blood pressure 120/82. Pulse 58. Weight 178 pounds. General: White male in no acute distress. Heart: Regular rate and rhythm. Lungs: Clear. Extremities: No edema.

IMPRESSION:

1. Paroxysmal atrial fibrillation.
 - A. Echo, 11/12/01, normal left ventricular size and systolic function with mild concentric left ventricular hypertrophy and moderate left atrial enlargement noted.
 - B. Exacerbation on 6/8/02 and 6/10/02, each lasting 5 to 7 minutes with four episodes noted on the two days combined.
2. Chest pain felt secondary to Zocor.
 - A. Negative exercise echocardiographic study, 10/10/01 with no evidence of ischemia.
3. Hyperlipidemia, currently treating with diet and exercise.
4. History of cigarette use.

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Michelle Murray, M.D.

RE: Rick Newman

June 10, 2002

Page 2

PLAN:

The patient is to keep up with the occurrences of atrial fibrillation. If he starts having prolonged episodes or more episodes, then we will consider starting him on Betapace therapy. Otherwise we will see him back in six months. We will check T4, TSH, Dig level and a BMP today to rule out a cause for his atrial fibrillation episodes. I have also asked him to retry Zocor for his hyperlipidemia. If he develops myalgias or chest discomfort, he is to stop it and call us.

Sincerely,

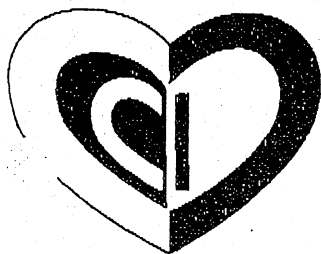


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JH:pas



Comprehensive Cardiology Consultants, Inc.

June 16, 2003

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Michelle Murray, M.D.
 7577 Alexandria Pike
 Alexandria, KY 41001

RE: Rick Newman
 DOB: 9/26/62

Dear Dr. Murray:

Mr. Rick Newman was in the office on June 16, 2003. He has had one episode of rapid fast heart rate in the last six months and it was last week after he got out of the shower. It lasted for about five minutes and it took him about a day and a half to two days to feel back to himself again.

Medications include Lanoxin 0.25 mg daily, Toprol XL 100 mg daily and Lescol 80 mg daily.

PHYSICAL EXAMINATION: Blood pressure 118/78. Pulse 52. Weight 177 pounds. General: White male in no acute distress. Heart: Regular rate and rhythm. Lungs: Clear. Extremities: No edema.

EKG today reveals sinus rhythm at a rate of about 45 beats per minute with no acute changes.

IMPRESSION:

1. Paroxysmal atrial fibrillation.
 - A. Echocardiogram, 11/12/01, normal left ventricular size and systolic function with mild concentric left ventricular hypertrophy and moderate left atrial enlargement.
 - B. Recurrent brief episodes of rapid heart rate per patient.
2. Chest pain.
 - A. Felt secondary to Zocor.
 - B. Negative exercise echocardiographic study, 10/10/01 with no evidence of ischemia.
 - C. Negative exercise nuclear stress test, 2/02 and 6/02.
3. Hyperlipidemia.
4. History of cigarette use.

PLAN:

The patient will continue with his current medical therapy. We will obtain an Adenosine nuclear stress test to rule out coronary artery disease.